

**MURFREESBORO WATER AND SEWER DEPARTMENT
AUTHORIZATION FOR MONTHLY BANK DRAFT**

Should you desire to pay your monthly water and sewer bill by automatic debit of your bank account please complete and fax the information below to (615) 907-2254 or mail to P.O. Box 897 Murfreesboro, TN 37133-0897.

I (we) authorize MURFREESBORO WATER AND SEWER DEPARTMENT, hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below. The depository financial institution (i.e. bank, credit union, savings & loan) named below, hereinafter called BANK, will receive and debit the same entries to my (our) bank account.

Name(s): _____
(Name as listed on MWSD account)

Service Location Address: _____

I/We understand the COMPANY may impose a processing fee for accounts that are found to contain insufficient funds.

This authority is to remain in full force and effect until COMPANY and BANK has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

You will receive your monthly water and sewer bill which will state "MEMO BILL ONLY. Net Amount Drafted on (Due Date)." Until that time please continue to pay account as billed.

**Please allow at least thirty (30) working days for changes to take effect.
There will be a return payment service charge on all rejected bank drafts.
After two (2) rejected bank drafts in a twelve (12) month period,
your bank draft will automatically be terminated.**

DATE _____ Signed X _____

Phone: _____

***** Please include a voided, legible copy of a check indicating the bank account to be debited.**

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FOR WATER AND SEWER DEPARTMENT USE:

SETUP: _____

MWSD CODED: _____